

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470

RECEIVED



LOBBYIST REGISTRATION FORM 18 P3:00

(See back of this form for instructions) (Type or Print Clearly)				
	(Type of Phili	T Clearly) STATE ETHIC	S COMMISSI	ON
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)		TELEPHONE
Slovin	Gary	М.		547-5600
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
P. O. Box 3196 Honolulu HI 96801				
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
Goodsill Anderson Quinn	& Stifel			547-5600
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
Same as above				
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LO MultiState Associates,	BBY FOR (Do not abbreviate)		***************************************	TELEPHONE
Alliance of Automobile	Manufacturers			703/ 684–1110
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
515 King Street, Suite	300	Alexandria	77.4	2021/
NAME OF PERSON RESPONSIBLE			<u>VA</u> ENT	22314 TELEPHONE
				703/
Paul W. Hallman		(0):		684-1110
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
Same as above	<u> </u>			
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
PART III DESCRIPTION C	DE SOBJECTS OPON WHIC	CH YOU EXPECT TO L	ORBA	
Agriculture	Education	Human Services		Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Re International Affairs	lations, T	ourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	ТТ	ransportaion
Culture, Arts, Historic Preservation	Health	Planning, Land & Wat Use Management	er 🗀 (Other: (indicate below)
Ecology, Energy, Environmental Protection	Housing	Public Safety & Corre	ctions	·
Environmental Fotostion				
PART IV CERTIFICATION	N OF LOBBYIST		<u>,</u>	
	formation furnished above is,	to the best of my knowl	edge, correc	t and complete.
		,	6/18/03	· · · · · · · · · · · · · · · · · · ·
1 h	None at the set of the			
(6	Signature of Lobbyist)		(Dat	е)
PART V AUTHORIZATIO	N TO LOBBY			
NAME		TITLE OF AUTHORIZING C	FFICER OR PE	RSON REPRESENTED
Paul W. Hallman		President		
NAME OF ORGANIZATION (if applic	cable)	Trotaciic		TELEPHONE
MultiState Associates, 1				703/ 684-1110
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
515 King Street, Suite	300	Alexandria	VA	22314
= -				
I bereby authorize the above—named person to engage in lobbying activities on behalf of the undersigned.				
- WWX MIN) / / (Dat	<u>)</u>
(Signature of Author)	orizing Officer or Person Represente	au)	· (Dat	~/